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UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Sri Lanka

Proposed UNFPA assistance:	$7.0 million, $5.0 million from regular resources and $2.0 million through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2002-2006)
Cycle of assistance:	Sixth
Category per decision 2000/19:	C

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	4.0	1.5	5.5
Advocacy	0.5	0.5	1.0
Programme coordination and assistance	0.5	-	0.5
Total	5.0	2.0	7.0

SRI LANKA

INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1]	94	≥60
Contraceptive prevalence rate (%)[2]	66	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3]	0.05	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4]	20.3	≤65
Infant mortality rate (per 1,000 live births)[5]	18	≤50
Maternal mortality ratio (per 100,000 live births)[6]	60	≤100
Adult female literacy rate (%)[7]	87	≥50
Secondary net enrolment ratio (%)[8]	109	≥100

***AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.**

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[1] Electronic database, World Health Organization, December, 1999.
[2] United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
[3] UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
[4] United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development* (forthcoming).
[5] United Nations Population Division, *World Population Prospects: The 1998 Revision*.
[6] The World Bank, *World Development Indicators, 2000*.
[7] UNESCO, *Education for All: Status and Trends* series (1997, 1998, 1999 editions).
[8] UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women* (2000), based on 1999 data from UNESCO.

Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 2001	19,104	Annual population growth rate (%)	0.94
Population in year 2015 (000)	21,451	Total fertility rate (/woman)	2.09
Sex ratio (/100 females)	106	Life expectancy at birth (years)	
Age distribution (%)		Males	69.9
Ages 0-14	26.3	Females	75.9
Youth (15-24)	19.2	Both sexes	72.6
Ages 60+	9.3	GNP per capita (U.S. dollars, 1998)	810

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 2000 Revision, Highlights;* GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a population and reproductive health programme over the period 2002-2006 to assist the Government of Sri Lanka in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $7.0 million, $5.0 million of which would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA will seek to provide the balance of $2.0 million through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. This would be the Fund's sixth programme of assistance to Sri Lanka. Sri Lanka is a "Category C" country under the Fund's resource allocation criteria.

2. The proposed programme has been prepared after a series of consultations with the Government and other relevant stakeholders and with the support of the UNFPA Country Technical Services Team (CST) and headquarters. The priorities identified for support are within the framework of the national policy on population and reproductive health as well as the Common Country Assessment (CCA), the United Nations Development Assistance Framework (UNDAF) and the Country Population Assessment (CPA). The priorities identified in the CPA fit closely with the more general priorities of promoting good governance, enhancing the welfare of conflict-affected populations and alleviating poverty – priorities that are outlined in the UNDAF. Reproductive health (including adolescent and youth reproductive health), gender concerns and ageing are all major focuses of the proposed country programme.

3. Although Sri Lanka has made great progress towards reaching the goals of the ICPD, there are nevertheless several areas of concern. These include under-served geographic areas and vulnerable groups; the need to make reproductive health services more comprehensive and improve their quality; the breakdown of reproductive health services, including contraceptive supplies, in peripheral parts of the country; the high abortion rate; gender-based violence; the threat of HIV/AIDS; population ageing; and the lack of services addressing adolescents and youth. Of additional concern is the fact that the armed conflict in the northern and eastern parts of the country has damaged the country's infrastructure and caused disruption in the delivery of reproductive health services.

4. The proposed programme builds on the experience gained and the lessons learned during the course of the previous programme. It is closely aligned with the national population and reproductive health policy and its action plan, which reflect the Programme of Action of the International Conference on Population and Development (ICPD); the Government's poverty alleviation framework and relief rehabilitation; and the reconciliation framework. The goal of the programme is to help enhance the well-being of the Sri Lankan people by improving their reproductive health status and by encouraging gender equity and equality. UNFPA assistance would be channelled through a focused reproductive health programme, which would strengthen reproductive health information and services for vulnerable groups and in under-served geographic areas and support reproductive health through a strong advocacy programme

addressing gender concerns, the empowerment of women and ageing. The programme would also strengthen the shift in the country's health system from a family planning focus to a reproductive health approach. To that end, it would support key emerging elements in the reproductive health agenda, such as sexually transmitted infections (STIs) and HIV/AIDS prevention, adolescent reproductive health, reproductive health services and counselling for older women, and the prevention of abortions. Support would also be given for strengthening reproductive health programme coordination and South-South collaboration.

5. The proposed programme was developed within the framework of a human rights approach. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and the objectives of the ICPD Programme of Action, which was endorsed by the General Assembly through its resolution 49/128.

Background

6. The estimated population of Sri Lanka in 2001 is 19.1 million. There was a population census in 1981, and another one was carried out in August 2001. The population growth rate, which fluctuated at around 1.4 per cent a year during the early 1990s, dropped to 1.1 per cent in 2000. According to the 1993 demographic health survey (DHS), the total fertility rate is 2.3. Although appreciable reduction in fertility has been observed, significant differences still exist among socio-economic groups as well as among different geographic areas.

7. The use of both modern and traditional contraceptive methods increased from 34 per cent in 1975 to 66.1 per cent in 1993, and recent DHS results are expected to show an even higher contraceptive prevalence rate (CPR). While Sri Lanka is noted for the success of its family planning efforts, the use of traditional methods is still 22 per cent, constituting one third of the CPR. The burden of contraceptive use is unevenly placed on women. The male-based CPR is low, with only 3.7 per cent of couples depending on vasectomies for their contraceptive needs. Moreover, only 3.3 per cent of couples use condoms, and 5 per cent use withdrawal as a method of contraception. The unmet need for contraception is estimated at 10-12 per cent. Reproductive health information and services are limited in remote areas, among the conflict-affected population and among adolescents and young unmarried adults.

8. Abortion, which is illegal, is increasingly emerging as a serious reproductive health problem. Estimated cases range from 750-1,000 a day, accounting for a considerable proportion of maternal deaths. Post-abortion counselling is a much-neglected area, both in the hospitals and during home visits. Many older women and those of higher parity are resorting to abortion following unplanned pregnancies due either to failed contraception or, more frequently, to the non-use of contraception or the lack of availability of permanent methods. The availability of sterilization services has declined significantly.

9. Maternal and infant mortality rates in Sri Lanka have dropped appreciably, but the coverage and quality of post-natal services are not satisfactory. Two thirds of maternal mortality and morbidity are due to preventable causes. Haemorrhages caused by iron deficiency anaemia in pregnancy are a significant factor in maternal deaths. Infant mortality (15.4 per 1,000 live births) has decreased considerably, but neonatal deaths contribute significantly to the infant death rate. Systematic study is required in the area of neonatal and infant mortality during the first few months of life, to determine incidence and causes and to devise more effective interventions. Low birth weight is a major cause of neonatal morbidity and mortality. In 1999, 16.4 per cent of hospital deliveries were low birth weight babies.

10. Another area of concern is the reproductive health of Sri Lanka's adolescents and youth, who comprise 26 per cent of the population. Various studies show that increasing numbers of students at schools and universities, as well as unmarried young workers, are becoming sexually active without fully understanding the consequences of their actions. As the age of marriage has risen, premarital sexual activity has been on the increase. These young people need appropriate reproductive health information and services that meet their specific needs and protect them from the negative consequences of unwanted pregnancy and STIs, including HIV/AIDS.

11. STIs are a serious public health problem in Sri Lanka, where they are one of the major causes of infertility and subfertility. By the end of 1999, a total of 304 HIV cases had been reported. However, 1999 estimates from UNAIDS indicate that the number could be about 7,500. The fact that Sri Lanka is situated near countries with high levels of HIV prevalence is further cause for concern.

12. Associated with increasing life expectancy in Sri Lanka, chronic non-communicable diseases such as diabetes, hypertension and cancers have emerged as significant causes of morbidity and mortality. In females, 50 per cent of reported cancers are those of the reproductive tract. The package of services offered through the well women clinics (WWCs) is designed to improve the ability of women to cope with these health problems, and they offer an opportunity to improve their quality of life of women.

13. Among the major challenges facing Sri Lanka in the coming decades is the ageing of its population. Sri Lanka has one of the fastest ageing populations in the developing world; currently, about 9 per cent of its population is over the age of 60. This percentage is expected to increase rapidly in the coming decades and is projected to reach 20 per cent by 2025.

14. The CPA and UNDAF identify several under-served geographic areas and a number of vulnerable groups, such as migrant women, workers in the free trade zones and plantation workers. Around 30 per cent of the urban population lives in slums, where residents typically have extremely poor access to reproductive health care services. In addition, because of the armed conflict taking place in the country, many people have been displaced from their homes.

It is estimated that there are about 500,000 internally displaced persons in the Northern and Eastern Provinces and in the districts bordering these provinces.

15. The status of women in Sri Lankan society is relatively high, and Sri Lanka ranks highest in the gender-related development index (GDI) among South Asian countries. However, women's representation in national and subnational political bodies is low. Women's participation in politics is impeded by sociocultural norms that tend to reinforce male supremacy. Similarly, women's participation at the decision-making levels in both the public and private sectors is low. Reported instances of violence, including domestic violence, against women have increased recently.

Previous UNFPA assistance

16. The partnership between UNFPA and the Government of Sri Lanka commenced in 1969, the year that UNFPA was established. UNFPA's fifth cycle of assistance (1997-2001, including a one-year extension) had an approved resource package amounting to $7.6 million, of which $5 million was to be provided from regular resources. The focus of the fifth cycle of assistance was to support the provision of quality reproductive health services, effective advocacy efforts, and support for the shift from a family planning to a reproductive health focus. It supported the development of a reproductive health policy and action plan. The fifth country programme helped expand access to reproductive health information and services, in particular those related to family planning, among men, women and, to some extent, adolescents. The programme also improved the quality of those services. Advocacy efforts and information, education, and communication (IEC) activities helped mobilize support among community leaders and among policy makers and the general public. As a result of advocacy efforts, the national population and reproductive health policy and action plan were developed in line with the ICPD Programme of Action during the course of the programme cycle and the involvement of non-governmental organizations (NGOs) was enhanced. Activities were initiated in the export zones. Multi-bilateral assistance was mobilized to initiate reproductive health services in conflict areas.

Other external assistance

17. UNFPA remains the largest and most comprehensive source of external assistance in the field of population and reproductive health in Sri Lanka. Other external assistance in the reproductive health sector has been limited. The Canadian, Dutch, Japanese and Australian Governments have provided multi-bilateral assistance to the UNFPA-supported programme. The European Union provides funding for adolescent reproductive health through a regional project. UNICEF continues to be a source of support in the areas of safe motherhood, HIV/AIDS prevention and the strengthening of data collection. UNAIDS, the World Bank, the United States Agency for International Development (USAID) and the Norwegian Agency for International Development (NORAD) have been supporting HIV/AIDS prevention activities. In

the field of gender and development. NORAD has been the major source of external assistance. UNICEF, the Canadian International Development Agency (CIDA) and the Swedish International Development Authority (SIDA) have supported efforts to address issues related to violence against women.

Comparative advantage of UNFPA

18. As the lead agency for the implementation of the ICPD Programme of Action, UNFPA is uniquely positioned to promote, in a catalytic way, a broad agenda on reproductive health in Sri Lanka. In particular, the Fund is well situated to help ensure that the needs of vulnerable groups are properly met and to help introduce change in new and sensitive areas identified by the ICPD+5 review. UNFPA's ability to support emerging issues such as adolescent reproductive health, ageing and gender is well recognized. UNFPA has helped to advance the national agenda through support for reproductive health policy formulation and implementation through a multisectoral approach. Furthermore, UNFPA is the major supplier of contraceptives to Sri Lanka and has considerable experience in contraceptive procurement and logistics management. This experience can help strengthen Sri Lanka's capacity to forecast contraceptive needs and to manage and monitor the distribution of supplies.

Proposed programme

19. Consistent with the country's population and development priorities, the proposed programme has two major goals: (a) to contribute to the increased utilization of quality reproductive health services, particularly in areas of unmet need and among vulnerable groups and under-served geographic areas; and (b) to help mobilize political and community support at the national and subnational levels for the implementation of the national population and reproductive health policy and action plan. The programme will support focused reproductive health activities to reach under-served groups; meet emerging challenges, including reducing abortions, promoting the shift from traditional to more modern methods of contraception, preventing HIV/AIDS, and enhancing adolescent reproductive health; meet the reproductive health needs of older women; address issues related to population ageing; meet the reproductive health needs of populations in selected areas affected by the ongoing civil conflict; and respond to gender-based violence. The aim of the sixth country programme would be to support the national programme in making an effective shift to a more comprehensive reproductive health approach that will be integrated incrementally into the existing primary health care system, focusing on under-served areas and vulnerable groups.

20. The proposed programme will work to strengthen reproductive health activities in Sri Lanka as UNFPA's contribution towards the realization of the UNDAF priorities of reducing poverty and strengthening governance. To that end, the strategy will build on the experiences and lessons learned through previous programmes. The programme will focus on marginalized

rural areas, under-served geographic areas and selected areas affected by the ongoing conflict. It will also focus on vulnerable groups of the population, including adolescents and youth, plantation workers, women working in the free trade zones, urban slum dwellers, and women who migrate overseas in search of employment. While support for strategic interventions and advocacy at the national level will facilitate the transition of the national programme to a reproductive health approach, the focus of the programme will be to strengthen reproductive health information and services in the under-served geographic areas and to the vulnerable groups mentioned above. Support to conflict areas will be given on a limited and pragmatic basis, in keeping with the spirit of the UNDAF and in partnership with others.

21. Reproductive health. The purpose of the reproductive health subprogramme is to increase the utilization of quality reproductive health services, particularly in pockets of unmet need and among vulnerable groups and under-served geographic areas. The subprogramme seeks to produce two major outputs, the first of which is increased access to quality reproductive health services, including family planning for populations living in under-served areas and in conflict zones. This output will be achieved through: (a) the provision of contraceptive supplies, which will be gradually phased out; (b) human resource development; (c) support for enhancing quality and comprehensiveness of reproductive health services; (d) assistance for activities aimed at preventing abortions and STIs, including HIV/AIDS; (e) support for operations research; (f) limited support for a sterilization programme designed to meet the needs of older women who are resorting to abortions due to the unavailability of such services; (g) services to close the gap between the demand for, and availability of, reproductive health services; and (h) post-partum reproductive health counselling. The proposed indicators for this output are the number of Ministry of Health clinics in selected districts offering an ongoing choice of at least four contraceptive methods and a 15 per cent increase from the 2001 levels of women receiving key items of reproductive care.

22. UNFPA assistance continues to be needed to improve the family planning situation in the country and to prevent abortion, particularly in under-served areas and among vulnerable population groups. Modern contraceptive methods will be procured, and a logistics management and distribution system will be strengthened to ensure regular contraceptive supplies and the availability of a balanced contraceptive method mix at the primary health-care level. Such assistance will help prevent abortions and lower maternal mortality and morbidity rates. Special attention will be given to procurement and logistics management systems, training in non-scalpel vasectomies, the introduction of emergency contraception, the promotion of male methods of contraception, and support for technical and managerial capacities to enhance the delivery of reproductive health services. Research studies are essential for assessing the underlying reasons for the high use of traditional methods and the declining use of permanent methods and for determining the unmet need for contraception and ways to enhance the use of modern birth spacing methods. Such research will help improve programme efficiency and effectiveness. Appropriate communication strategies will aim to improve the overall utilization of services,

particularly in under-served areas and pockets of unmet need. UNFPA will carefully complement the support from other agencies in working to prevent HIV. In that regard, UNFPA support will target a number of issues, including advocacy and the promotion of condom use.

23. Selected support will be provided to improve the quality of maternal care. This support will complement the efforts of other donors in this area. UNFPA assistance will include emergency obstetric care, particularly for those affected by the ongoing civil conflict. To address the reproductive health needs of older women in particular, the Government established well women clinics at the primary health-care level, and these efforts will be supported by UNFPA in collaboration with other donors. UNFPA support well women clinics will focus on training, counselling and quality assurance. Other donors' support will be sought to help the Government strengthen and expand services in a comprehensive manner.

24. At the national level, support will be given to redesign existing guidelines on national medical standards for contraceptive services and for the creation of new guidelines and training manuals for the management and referral of patients with infertility, for the well women clinic programme and for training of health workers in the area of adolescent reproductive health. At the national level, health staff (including private practitioners) will be trained in syndromic management, including the counselling of clients. IEC materials for health workers and pregnant women will be prepared to provide information on the prevention of mother-to-child-transmission of HIV. Selected reproductive health workers will receive training in counselling. The proposed programme will also support screening for syphilis and reproductive tract infections (RTIs) among pregnant women.

25. The second output of the proposed reproductive health subprogramme is to have increased awareness of sexual and reproductive issues, including responsible and gender-sensitive behaviour, among adolescents and youth. Existing activities will be reviewed, with the aim of increasing the reproductive health knowledge of adolescents and youth and helping them make informed, healthy decisions. These efforts will be followed by activities in selected areas geared towards enhancing the skills of front-line health workers at the primary health-care level and to NGOs in implementing innovative programmes on plantations, in slums and within communities. Both in-school and out-of-school youth and adolescents will be targeted. Consideration will be given to providing technical assistance for the formulation of a national strategy for adolescent sexual and reproductive health and to re-establish the national steering committee for reviewing programmes to improve information and services for youth and adolescents. Proposed indicators of this output are increased knowledge of reproductive health issues among unmarried youth aged 15-24 and increased knowledge of the availability of counselling services among unmarried youth in the same age group.

26. Reproductive health commodity security. UNFPA has been the major provider of contraceptives to Sri Lanka. During the current country programme, it was agreed that UNFPA

would help meet up to 50 per cent of the country's contraceptive needs. It is intended that the Government will gradually take over financial responsibility for contraceptives for the national programme, and UNFPA support will be phased out by the end of the sixth country programme cycle. The Government will start taking over procurement responsibilities during the course of the sixth county programme. The Government, with donor support, will begin to take on responsibility for ensuring contraceptive security by increasing government allocations, mobilizing donors, recovering costs and promoting social marketing. UNFPA collaboration will include support for reviewing logistics and management information systems to avoid overstocking and shortages of contraceptives at all levels.

27. Advocacy. The advocacy subprogramme aims to address population, reproductive health and gender issues relevant to the Sri Lankan situation through the development of targeted messages and advocacy strategies. The output of the subprogramme is increased understanding, commitment and support of parliamentarians and policy makers as well as community leaders, mass media organizations, NGOs and senior administrators to address population, reproductive health, HIV/AIDS and gender issues. A strategy for advocacy efforts aimed at improving reproductive rights and health will be prepared in collaboration with relevant partners after a review of existing advocacy efforts. During this process target groups and priority reproductive health issues requiring advocacy will be identified. It is crucial that advocacy efforts on such critical issues as abortion, the reproductive health needs of vulnerable groups, violence against women, adolescent health, the reproductive health of older women, and male participation in reproductive health matters are developed at the national level. There is support at the national level for the development of comprehensive and research-based advocacy messages on population and reproductive health issues for various target groups. Selected staff members of relevant advocacy agencies will be trained in research and data utilization to enable them to develop appropriate advocacy messages. At the local level, relevant advocacy programmes, including orientation programmes and the distribution of advocacy materials, will be developed to target government authorities, community leaders, the media and NGOs, including religious organizations, to elicit their support in the promotion of population, gender and reproductive health issues.

28. Gender. In line with the ICPD Programme of Action, gender concerns are a cross-cutting theme of the proposed programme. Gender concerns, including gender-sensitive reproductive health services, male participation in reproductive health matters, women's rights, reproductive rights, and the prevention of gender-based violence, will be stressed. Support will be considered for the integration of gender concerns into regular training curricula for health workers and for the training of district health workers to meet the needs of victims of gender-based violence. Support may also be provided for male counselling and gender-sensitization workshops. Health workers will be trained to recognize and address cases of violence. UNFPA will seek support from other donors to support and strengthen crisis centres for female victims of gender-based violence. Support will be provided principally to national NGOs that have a presence throughout

the country and have demonstrated the ability to operate crisis centres for women. These interventions will be complemented by support for advocacy to the Women's Ministry.

29. Capacity building. UNFPA support will aim to strengthen capacities within national institutions. UNFPA will also support coordinating mechanisms between the central and subnational levels to promote the efficient planning, implementation and evaluation of reproductive health services. The National Coordinating Council for Population will be strengthened in this regard. Support will also be given for the capacity development of NGOs and community-based organizations working in under-served geographic areas and with vulnerable groups.

30. South-South collaboration. The proposed programme will help promote South-South collaboration aimed at the sharing of experiences regarding the implementation of post-ICPD concepts and approaches in population, gender, reproductive health, and ageing. In addition to promoting collaboration among Sri Lankan officials and their counterparts in other countries, efforts will be made to enhance national capacity through South-South cooperation. Such support will include field observation visits, training, promoting the use of Sri Lankan expertise, and facilitating Sri Lankan participation in exchanges through the establishment of a database on national experts and institutions in the areas of population, development and reproductive health. Such efforts will be carried out in cooperation with agencies such as the South Asian Association for Regional Co-operation (SAARC) and Partners in Population and Development.

31. Institutional framework and programme implementation, monitoring and evaluation. The sixth cycle of UNFPA assistance will be primarily nationally executed. UNFPA execution will be limited to the procurement of commodities and equipment, the provision of international training, the staging of international meetings, and the securing of technical advisory services. At the national level, the Department of External Resources within the Ministry of Finance is the focal point for all financial coordination of donor assistance, including UNFPA assistance to Sri Lanka. The main executing agency will be the Ministry of Health, with the Family Health Bureau, the National STD AIDS Control Programme, the Plantation Housing and Social Welfare Trust, and selected provincial health departments and NGOs as implementing partners. The Ministries of Women's Affairs and Education and the NGO Secretariat are also expected to execute relevant component projects. Services from the CST in Kathmandu and national consultants will be sought to provide the necessary technical backstopping to the programme. In exceptional cases, international consultants will be hired.

32. Programme implementation will be monitored and evaluated in accordance with established UNFPA guidelines and procedures and those of the Government. Overall monitoring and evaluation of the programme will rest with the UNFPA country office and the executing and implementing agencies. The country office will utilize a results-based approach to the management and monitoring of the programme. Annual project reports and annual country

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reviews will assess the extent to which the subprogramme and component projects are contributing to the realization of the country programme outputs. A mid-term review will be conducted in 2004, and an end-of-programme evaluation will be carried out in 2006.

33. The UNFPA country office is composed of a Representative, one assistant representative, one programme assistant, one Junior Professional Officer and support staff. In order to support the country office and implementing agencies, three National Professional Project Personnel will be recruited with the aim of ensuring the smooth, coordinated implementation of programme activities.

Recommendation

34. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Sri Lanka as presented above, in the amount of $7.0 million for the period 2002-2006, $5.0 million of which would be programmed from the Fund's regular resources, to the extent such resources are available, and the balance of $2.0 million would be sought through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

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